

JFK Revisited

To the Editor.—It was with much restraint that I refrained from submitting a letter to the editor refuting the statements of the retired navy pathologists, Drs Humes and Boswell, in the blatantly biased interview articles in *JAMA*.^{1,2}

However, the more recent publication of the Finck interview³ mandates that I respond.

Dennis Breo states "the nine members of the 1979 House Select Committee on Assassination's blue-ribbon forensic pathology panel" concluded there were two shots fired from the rear. Inasmuch as I was a member of that panel and testified before the House Committee, I can state with personal knowledge that this is incorrect. Such a conclusion would automatically endorse the "single bullet" theory, the greatest forensic scientific hoax ever conceived. I have been strenuously arguing against the "magic bullet" theory for 25 years, and I testified unequivocally that I did not concur with my colleagues.

See also pp 1540, 1544, and 1552.

Dr Finck states in his interview with Breo that there was no military interference with the autopsy. In 1969, testifying under oath in the Clay Shaw trial, Finck stated that he and his colleagues were ordered by a "General" not to dissect out the bullet wounds on Kennedy's back and neck. Which statement do you think is more likely truthful: one made 6 years after the autopsy under oath, or one made 29 years later in an unsworn interview?

Finck states in his interview that the postmortem on Kennedy was a "complete autopsy." In an official report to his commanding officer in 1963, he stated the autopsy was "incomplete." At which time do you think Finck was being more honest?

The most glaring inconsistency is one that *JAMA* appears to have missed in an effort to whitewash the Warren Commission Report and rehabilitate the prosecutors. In their autopsy report to the Warren Commission, the pathologists placed a bullet hole of entrance at the right occipital protuberance. This hole was subsequently moved up 4 inches by the Clark panel in 1968 and reaffirmed by the House Select Committee on Assassinations in 1978. At that time, Humes, Boswell, and Finck recanted their previous testimony and agreed the entrance hole was located at the top of the head. Now, 14 years later, they have moved the entrance hole back to the occipital protuberance. Which conclusion is correct? You cannot have two separate entrance holes on the head and still have a sole assassin. That should be perfectly obvious even to the most ardent Warren Commission Report defenders!

In light of *JAMA*'s extensive articles trumpeting the validity of the Warren Commission Report, I believe journalistic fair play demands that equal space be given to other physicians to set forth their findings and opinions, which unequivocally refute the conclusions of the Warren Commission Report and the recent self-serving statements of Humes, Boswell, and Finck.

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Dr Wecht was a technical adviser to Camelot Productions for the movie *JFK* in June 1991 and received a stipend for his work.

1. Breo DL. JFK's death—the plain truth from the MDs who did the autopsy. *JAMA*. 1992;267:2794-2803.
2. Breo DL. JFK's death, part II—Dallas MDs recall their memories. *JAMA*. 1992;267:2804-2807.
3. Breo DL. JFK's death, part III—Dr Finck speaks out: "two bullets, from the rear." *JAMA*. 1992;268:1748-1754.

This letter was shown to Drs Humes and Boswell, who declined to reply. Many attempts were made to reach Dr Finck overseas but were unsuccessful. The phrase quoted by Dr Wecht appeared in Mr Breo's reply to letters com-

menting on his interviews with Drs Humes and Boswell.⁴ The full sentence was: "I believe that future examiners will discover what the four members of the 1968 blue-ribbon forensic pathology panel unanimously concluded and what the nine members of the 1979 House Select Committee on Assassinations blue-ribbon forensic pathology panel concluded: two bullets from the rear."⁴ The omission of the word "unanimously" from the description of the conclusion of the 1979 panel was intended to indicate that its conclusion was not unanimous. On that point, Michael Baden, MD, chairman of the Select Committee panel, made the following reply to another letter⁵ from Wecht: "The panel of nine forensic pathologists that Wecht refers to did agree by a margin of eight to one with the basic findings of the Warren Commission and of the original autopsy pathologist that President Kennedy was struck twice—and only twice—from behind by bullets fired from where Oswald was positioned. The majority also unequivocally concluded, after extensively reviewing and analyzing all evidence and theories available, and after taking fully into consideration Wecht's contrary opinions which he argued persuasively, that the misnomered 'magic bullet' did indeed strike President Kennedy and Governor Connally and was recovered at Parkland Hospital."⁵—ED.

1. Breo DL. The injuries to JFK. *JAMA*. 1992;268:1684-1685.

2. Breo DL. JFK's death—the plain truth from the MDs who did the autopsy. *JAMA*. 1992;267:2794-2803.

3. Wecht CH. Death investigation. *CAP Today*. October 1991:18.

4. Baden M. Death investigation. *CAP Today*. October 1991:18.

Aerodynamic Handlebars

To the Editor.—Resnick and Yates¹ reported a personal experience with injury accompanying the use of bicycle-mounted aerodynamic handlebars (aerobars) and advocated a cautious approach to their use. Though the popularity of aerobars has increased, their use remains low in the general cycling population, which makes it problematic to survey use patterns.

Since an ongoing study of helmet use would involve monitoring large numbers of riders, it was decided to observe the riders of three organized cycling events for aerobar use. The initial findings could guide more formal research activity regarding aerobar users. Of a total of 696 riders, 67 (9.6%) used an aerobar. All of these 67 (100%) wore a helmet and appeared to be of adult age. Aerobar use was seen only in riders on routes of 48 km or more. Helmet use was not mandatory in any of the events. Because the surveyed riders were taking part in organized events ranging from 16 to 160 km, they do not represent the general cycling population, and both helmet use and aerobar use are likely to be overrepresented in this group. The 100% helmet use is certainly higher than usual published figures, and aerobars are not a common sight in most neighborhoods. It appears, though, that aerobar users likely represent a subgroup of experienced riders who, like Yates in the photograph that accompanied their letter,¹ are more likely to wear helmets for personal protection. The allocation of research and interventional resources to a group with high baseline helmet use should be balanced with the needs of the more casual general cycling public, for whom a larger benefit may be obtainable.

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1. Resnick MP, Yates RA. Aerodynamic handlebars: rider arrives before bicycle. *JAMA*. 1991;266:515.

In Reply.—The letter by Dr Jacques adds to the minuscule literature on aerodynamic handlebars. It is reassuring that the riders who were observed using these handlebars were adults and uniformly wore helmets. Overuse injuries from the hyperextended neck position have been reported.¹ However, the forearm rests and resultant neutral wrist position might lessen the risk of carpal tunnel syndrome (Eric S. Smith, MD, written communication, July 1991), a common malady of endurance cyclists.

In suggesting more research on aerobars, I did not want to lessen the important research focus on head injury prevention by helmets. As Jacques points out, the majority of bi-